PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket Numbe | er | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------|--------------------|--|
| | | First Named Inventor | Tohowilliam Tocher | |
| | | COMPLETE IF KNOWN | | |
| | | Application Number | | |
| Declaration Submitted with Initial Filing | Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) | Filing Date | | |
| | | Group Art Unit | | |
| | | Evaminar Nama | | |

| | roquirouj | 2.12.11.10.11.12.11.1 | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|--------------------|-----------------------------|--|
| As a below named inventor, I hereby declare that: | | | | | |
| My residence, mailing address, ar | nd citizenship are as stat | ed below next to my nan | ne. | | |
| I believe I am the original, first and names are listed below) of the sub | | | | | |
| ULTIMATE | VENT | | | *** | |
| | | | | | |
| | - | | | | |
| | | | | | |
| | | | | | |
| <u> </u> | (Title of t | he Invention) | | | |
| the specification of which | | | | | |
| is attached hereto | | | | | |
| OR | | | | | |
| was filed on (MM/DD/YYYY) | | as United St | ates Application i | Number or PCT International | |
| | | | | | |
| Application Number | and was a | mended on (MM/DD/YY | YY) | (if applicable). | |
| | | | <u> </u> | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other | | | | | |
| than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the | | | | | |
| application on which priority is clair Prior Foreign Application | med. | Foreign Filing Date | Priority | Certified Copy Attached? | |
| Number(s) | Country | (MM/DD/YYYY) | Not Claimed | YES NO | |
| 3,326,241 | CANADA | 11/30/2000 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Additional foreign application | numbers are listed on a | supplemental priority da | ta sheet PTO/SB | /02B attached hereto: | |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

| Direct all correspondence to: Customer Numb or Bar Code Lab | | OR 💢 C | огrespondence address below | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------|-----------------------------|--|--|
| Name JOHN WILLTAM TOCHER | | | | | |
| Address 18072 BENETA | WAY | | | | |
| city TUSTIN | s | tate CALIFOR | WFA 92780 | | |
| Country USA Te | lephone (714) E | 544-8836 | Fax | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | A petition has | been filed for this ur | nsigned inventor | | |
| Given Name (first and middle [if any]) TOHN WIL | | amily Name r Surname TOC | HER | | |
| Inventor's Signature John Jorden Date SEPTEMBER 25, 2001 | | | | | |
| Residence: City CHILLIWACK | BRITISH PROV: COLUMR State | CANADA Country | CANADIAN · Chizenship | | |
| Mailing Address 5855 CARTER ROAD | | | | | |
| City CHILLIWACK | BRITISH COLUMBII State | y. Var 3Ki zip | CANADA · | | |
| NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor | | | | | |
| Given Name Family Name (first and middle [if any]) or Surname | | | | | |
| Inventor's Signature Date | | | Date | | |
| Residence: City | State | Country | Citizenship | | |
| Mailing Address | | | | | |
| City | State | ZIP | Country | | |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| As the below named inventor(s), I/we declare that: | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| This declaration is directed to: | | | | | |
| The attached application, or | | | | | |
| Application No, filed on | | | | | |
| as amended on(if applicable); | | | | | |
| | | | | | |
| I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought; | | | | | |
| I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above; | | | | | |
| I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/we to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and | | | | | |
| All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon. | | | | | |
| FULL NAME OF INVENTOR(S) | | | | | |
| Inventor one: JOHN WILLIAM TOCHER | | | | | |
| Signature: Och Jochen Citizen of: CANADA. | | | | | |
| Inventor two: | | | | | |
| Signature: Citizen of: | | | | | |
| Inventor three: | | | | | |
| Signature: Citizen of: | | | | | |
| Inventor four: | | | | | |
| Signature: Citizen of: | | | | | |
| Additional inventors are being named onadditional form(s) attached hereto. Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO | | | | | |

to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

| | DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet |
|---------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Approved for use through 10/31/2002. OMB 0651-003 | Under the Paperwork Reduction Act of 1995, no persons are required to resp | U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it contains a valid OMB control number |
| Please type a plus sign (+) inside this box PTO/SB/02A (11-00 | _ | Approved for use through 10/31/2/002. OMB 0651-0032 |
| | Please type a plus sign (+) inside this box | PTO/SB/02A (11-00) |

| DECLARATION | | Supplemental Sheet Page of | | |
|--------------------------------------------|--------------------------------------------------------|----------------------------|---------------------|---------------------|
| | | | | |
| Name of Additional Joint Inventor, if ar | ☐ A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any] |) | Fa | amily Mame or Si | urname |
| | | | | |
| Inventor's Signature | | | | Date |
| Residence: City | State | Country | | Citizenship |
| Mailing Address | | | | |
| Mailing Address | | / | | |
| City | State | ZIP | Countr | у |
| Name of Additional Joint Inventor, if a | ny: | ☐ A petition has | been filed for this | s unsigned inventor |
| Given Name (first and middle [if any | \ | Family Name or Surname | | |
| | \bigvee | | | |
| Inventor's Signature | | | | Date |
| Residence: City | State | Country | | Citizenship |
| Mailing Address | | | | |
| Mailing Address | | | | |
| City | State | ZIP | Cou | ntry |
| Name of Additional Joint Inventor, if any: | | | | |
| Given Name (first and middle [if any] | Family Name or Sumame | | | |
| | | | | |
| Inventor's Signature | | | | Date |
| Residence: City | State | Country | | Citizenship |
| Mailing Address | | | | |
| Mailing Address | | | | |
| City | State | ZIP | Co | untry |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02B (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Supplemental Priority Data Sheet

| Additional foreign app | lications: | | | |
|----------------------------------------|------------|-------------------------------------|-------------------------|------------------------------------|
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES NO |
| 2,326,241 | CANADA | 11/30/2000 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| • | | | | |
| | | | | |
| | | | | |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.